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# THE ORGANIZATION AND RULES

or

## Bellevue Hospital Medical Board

Adopted by the Board of Trustees of Bellevue and  
Allied Hospitals, July, 1903



APPROVED  
*S. T. Armstrong*  
General Medical Superintendent  
Bellevue and Allied Hospitals.

THE ORGANIZATION AND RULES  
OF  
Bellevue Hospital  
Medical Board

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# The Medical Board of Bellevue Hospital

1. There shall be appointed by the Board of Trustees of Bellevue and Allied Hospitals regular practitioners of medicine to be Visiting Physicians, and regular practitioners of surgery to be Visiting Surgeons to Bellevue Hospital.

2. There shall also be appointed by the Board of Trustees Physicians and Surgeons who have served at least ten years as members of the Visiting Staff, to be Consulting Physicians and Consulting Surgeons to the Hospital. All said appointments shall be honorary.

3. The Visiting and Consulting Physicians and Surgeons shall together compose the Medical Board of Bellevue Hospital.

4. The Consulting Physicians and Surgeons shall be entitled to seats, without votes, in the meetings of the Medical Board.

5. The General and Special Services of Bellevue Hospital and its outlying Pavilions shall be divided by the Medical Board, through the Executive Committee of the Medical Board, as far as practicable, into four Divisions, so as to give to each Division an equal fourth share in the General Medical and Surgical and the Special Services of the Hospital.

6. In case the Executive Committee shall be unable to decide by vote upon the division or assignment of any particular service or share therein, then the said division or assignment shall be made by lot under the direction of said Committee. Any changes in the arrangement or assignment of services of the Hospital, or share therein, shall be made by the Executive Committee, and always with the object of giving each of the four Divisions of the Hospital an equal share.

7. To each of the four Divisions of the Hospital shall be definitely assigned for service in their appointment by the Board of Trustees an equal number of members of the Visiting Staff of the Hospital.

8. The four Divisions of the Hospital Services as above described shall be known numerically as the First, Second, Third and Fourth Divisions of the Hospital, and each of the four groups of Visiting Physicians and Surgeons assigned to the General and Special Service of a Division shall be known as the Divisional Visiting Staff of its Division.

9. At the first regular meeting in January in each year the Medical Board shall elect a President, Vice-President, Secretary, and also the members who are to serve on the standing committees.

10. Each Divisional Visiting Staff shall in turn, in the numerical order of the Divisions, nominate one of its members to fill the office of President. In like manner the office of Vice-President shall be filled in rotation.

11. All standing committees of the Medical Board, with the exception of the Advisory Committee on Nursing, shall be composed of four members, one to be nominated by each Divisional Visiting Staff. The Advisory Committee on Nursing shall be composed of two members to be appointed by the President of the Medical Board. Special Committees may, upon vote of the Medical Board, be appointed by the President of the Board.

12. The standing committees of the Medical Board shall be :

1. The Executive Committee.
2. The Committee on Anatomical Material and the Museum.
3. The Committee on the Mills Training School for Male Nurses.
4. The Advisory Committee on Nursing.

13. The Medical Board shall advise the Board of Trustees, through the Executive Committee, in all matters pertaining to the health and physical well-being of the inmates of the Hospital, and suggest and recommend through said Committee such measures as will tend to increase the efficiency of the Hospital in all its departments.

14. The Medical Board shall receive applications and strictly examine into the qualifications of all applicants for appointment on the Subordinate Medical Staff of the Hospital, and shall recommend to the Board of Trustees for appointment those whom it may consider competent. In all those nominations to be made after competitive examination, each Divisional Visiting Staff shall constitute from among its own members its own Examining Board and report the results of its examinations to the Medical Board.

15. In case of a vacancy in the Visiting Staff of the Hospital, the



Divisional Visiting Staff in which such vacancy occurs shall transmit through the Medical Board to the Board of Trustees its nomination or nominations for an appointment to fill the vacancy.

16. At its regular January meeting in each year the Medical Board shall receive, and if recommended by it, transmit to the Board of Trustees for its action, the nominations from each Divisional Visiting Staff of one Assistant Visiting Physician, one Assistant Visiting Surgeon (and, if the Division have a service requiring it, one Assistant Visiting Gynecologist and one Assistant Visiting Genito-Urinary Surgeon), one Adjunct Assistant Visiting Physician, one Adjunct Assistant Visiting Surgeon, and one Adjunct Assistant Visiting Gynecologist. Said Assistant Visiting Physicians and Surgeons, Assistant Visiting Gynecologists, Assistant Visiting Genito-Urinary Surgeons, Adjunct Assistant Visiting Physicians, Adjunct Assistant Visiting Surgeons and Adjunct Assistant Visiting Gynecologists, if appointed by the Board of Trustees, shall be attached to the Divisional Visiting Staffs making their nominations. The term of office of all the above specified appointees shall be one year. They shall be eligible for re-appointment upon renomination by their Divisional Visiting Staffs, with the approval of the Executive Committee, confirmed by a vote of the Medical Board. They shall not have seats in the Medical Board.

17. At the first regular meeting of the Medical Board in each year each Divisional Visiting Staff shall nominate to the Medical Board one member of its Assistant Visiting Staff to serve on the Committee on Clinical Records.

18. In case a vacancy shall occur in any Committee of the Medical Board, notices shall be sent to the Medical Board, which shall, as soon as possible, fill the vacancy from the Divisional Visiting Staff lacking representation on the Committee.

19. Five members of the Medical Board shall constitute a quorum for the purpose of receiving all monthly reports and assigning Physicians and Surgeons to duty; for all other business a quorum of seven shall be required.

20. The Medical Board shall meet regularly at the Hospital on the first secular day of each month at 2.30 p. m.

21. Special meetings of the Medical Board may be called by the President of the Medical Board, the Board of Trustees, or the Executive Committee.

22. The order of business at the regular meetings of the Medical Board shall be as follows:

1. Communications from the Board of Trustees.
2. Report of the attendance of Physicians and Surgeons on duty.
3. Report from the Superintendent.
4. Report from the Apothecary.
5. Report from the Apothecary of the Out-Patient Department.
6. Report from the Executive Committee.
7. Report from the Committee on Anatomical Material and the Museum.
8. Report from the Committee on the Mills Training School for Male Nurses.
9. Report from the Advisory Committee on Nursing.
10. Report from the Resident Physician to the Psychopathic Wards.
11. Report from the Committees on Examination.
12. Report from Special Committees.
13. Nominations to fill vacancies on the Medical Staff.
14. Election of Officers.
15. Miscellaneous business.
16. Assignment of Visiting Physicians and Surgeons to duty.
17. Reading and adoption of the minutes.
18. Adjournment.

23. All lost motions shall appear upon the minutes of the Medical Board as a part of the record.

24. A copy of the minutes of each meeting of the Medical Board shall be sent to the Board of Trustees within forty-eight hours after the meeting.

25. The Secretary of the Medical Board shall, by written communication, inform the Superintendent of the names of all persons appointed to the Medical Staff of the Hospital.



## THE EXECUTIVE COMMITTEE.

1. The Executive Committee representing the Medical Board shall have the authority, supervision and executive control over the medical management of the Hospital, always in its action being subject to the approval of the Board of Trustees.

2. The Executive Committee shall consider, and in its discretion act on, all recommendations of the Medical Board.

3. The Executive Committee shall have the power to divide and assign the general medical and surgical and special services of the Hospital as before specified in paragraphs 5 and 6 relating to the Medical Board.

4. The Executive Committee shall take cognizance of dereliction of duty on the part of any member of the medical staff, and shall in such instances adopt those measures that will insure the efficient carrying out of the rules of the Hospital affecting its medical interests. It shall have the power to make rules for the government of the House Staff.

5. The Executive Committee shall have power and supervision over the Committee on Clinical Records.

6. In case the House Physicians or House Surgeons or their Assistants or Substitutes or any of them shall neglect any of the duties prescribed for them, or refuse to comply with any request of the Executive Committee or the member of the Medical Board on duty on his Division, the Executive Committee may by a vote of three members suspend from duty the offender, with a recommendation of his dismissal from the service of the Hospital, reporting the case forthwith to the Superintendent and to the Board of Trustees; in the meantime the Executive Committee shall temporarily fill the vacancy.

7. The Executive Committee shall personally inspect at least once a month the Hospital and its outlying wards and the Hospital grounds; examine into the state of the medical and surgical efficiency of the institution; see that the proper requirements for the treatment and welfare of the patients are supplied, and due economy is exercised in the use of medical and surgical supplies and appliances, and in the allowance of extra diet and liquors.

8. In the inspection of the institution in all its departments, the Executive Committee or any of its members may call upon any mem-

ber of the Executive or Medical Staff of the institution for information and assistance.

9. The Executive Committee may at any time in its discretion call upon any of the standing or special committees of the Medical Board to meet it in conference.

10. The Executive Committee or one of its members may approve the grant of an application for leave of absence to any member of the House Staff upon the written recommendation of the Visiting Physician or Surgeon on duty on the Division to which the applicant belongs. Such applications for leaves of absence after being countersigned by the Superintendent shall be immediately forwarded to the Board of Trustees for their action. No member of the House Staff shall be free to leave his post of duty till he has received notice through the Superintendent that his application for leave of absence has been granted by the Board of Trustees.

11. The Executive Committee shall each year prepare the schedules for clinics and lectures to be given in the Hospital Amphitheatre, and announce such schedules upon the bulletin board of the Hospital. The time and period of such lectures when thus announced shall be strictly observed.

12. The Executive Committee shall organize at its first regular meeting by the election of a Chairman and a Secretary who shall perform respectively the usual duties of such officers.

13. The Executive Committee shall meet regularly at least twice in each month and shall hold special meetings at the call of the Chairman. Due notice of all regular meetings shall be sent to the Board of Trustees.

14. The Executive Committee shall keep a book of minutes of its proceedings and shall report at each regular monthly meeting of the Medical Board.

15. The order of business at the meetings of the Executive Committee shall be:

1. Reading of the minutes of the previous meeting.
2. Communications from the Board of Trustees.
3. Consideration of recommendations contained in the minutes of the meeting of the Medical Board.
4. Reports from Sub-Committees of the Executive Committee.
5. Report from the Committee on Clinical Records.

6. Unfinished business.
7. New business.
8. Adoption of the minutes.
9. Adjournment.

16. Unseconded motions shall be entertained by the Chairman of the Executive Committee for discussion, and, upon the request of the member making the motion, an unseconded motion shall be entered upon the minutes.

17. The book of minutes of the Executive Committee shall be the property of the Board of Trustees and shall at all times be open to its inspection.

18. The record of action of the Executive Committee shall be forwarded by the Secretary to the Board of Trustees within twenty-four hours after the meeting of the Committee.

19. The Executive Committee, by a unanimous vote, may elect one of its members to serve for a designated period as *chairman ad interim*. The *chairman ad interim* during his period of office shall, in conference with the Superintendent, or, in his absence, with the Assistant Superintendent, exercise all the power and authority possessed by the Executive Committee, being subject only to the rules of the Hospital and the approval of the Board of Trustees. His action shall be recorded in the book of minutes of the Executive Committee.

## THE COMMITTEE ON ANATOMICAL MATERIAL AND THE MUSEUM.

The Committee on Anatomical Material and the Museum shall exercise supervision over the Museum and the disposition of anatomical material, and report to the Medical Board.

## THE COMMITTEE ON THE MILLS TRAINING SCHOOL FOR MALE NURSES.

The Committee on the Mills Training School for Male Nurses shall regularly meet the Board of Managers of the Mills Training School for Male Nurses, and report to the Medical Board.

## THE ADVISORY COMMITTEE ON NURSING.

The Advisory Committee on Nursing shall meet regularly with the other members composing that Committee as constituted by the Board



of Trustees, and report to the Medical Board such suggestions or recommendations as shall tend to promote the efficiency of the nursing of the patients of the Hospital.

### THE CONSULTING PHYSICIANS AND SURGEONS.

The Consulting Physicians and Surgeons of the Hospital may recommend to the Superintendent of the Hospital patients for admission and treatment who shall be known as their special patients. A Consulting Physician or Surgeon shall not have at any one time more than three special patients in the Hospital; he shall so arrange his attendance upon and treatment of his special patients as not to conflict with the duties of the Visiting Physician or Surgeon on duty.

### THE VISITING PHYSICIANS AND VISITING SURGEONS.

1. The Visiting Physicians and Surgeons shall prescribe for and direct the treatment of all patients under their charge. They shall observe and insure by proper directions that due economy is practiced in the use of wine, liquors, alcohol, oxygen, drugs and surgical dressings. The Visiting Physicians and Surgeons on duty, or their Substitutes, after careful examination of the tabulated reports sent them showing the comparative consumption of alcohol, whiskey, wine, liquors, oxygen, drugs, surgical dressings, etc., on the different services of the Hospital, shall by signature certify their responsibility for the use of the specified medical and surgical material on their service and return the signed report within forty-eight hours through the Superintendent to the Executive Committee.

2. The Visiting Physicians and Surgeons shall visit every patient in their wards who may be afflicted with an acute disease at least once a day, and every patient under their charge twice a week during their term of duty.

3. The Visiting Physicians and Surgeons shall at each visit observe if their House Physicians or Surgeons have been zealous in carrying out their instructions. In case they shall ascertain that their House Physicians or Surgeons are inefficient, or negligent in carrying out their directions, or are derelict in duty as prescribed by the rules

of the Hospital, it shall be their duty to report the offending House Physicians or Surgeons, with a statement of the facts, through the Superintendent to the Executive Committee.

4. The Visiting Physicians and Surgeons shall sign the liquor book, ordering the liquors and alcohol for their wards. These orders shall be countersigned by the Superintendent. In the absence of the Visiting Physicians or Surgeons or their Substitutes and only in case of urgent necessity the House Physicians or Surgeons may sign the liquor book.

5. The Visiting Physicians and Surgeons shall direct their House Physicians and Surgeons to report to the Superintendent such patients as are in proper condition to leave the Hospital, or who refuse treatment, or who are improper cases for treatment in the Hospital. In case the patient shall be transferred to a hospital under the charge of the Commissioner of Charities, the Visiting Physician or Surgeon or his Substitute shall sign the form of transfer. No patient shall be transferred to any of the hospitals under the charge of the Commissioner of Charities who is likely to die within seventy-two hours.

6. No patient shall be removed to the Amphitheatre who will be injured by such removal.

7. No patient shall be used for bedside teaching who will be injured thereby.

8. Patients transferred from Surgical Wards to the Psychopathic or Alcoholic Wards shall, for the surgical treatment, remain under the Surgeons of the Divisions making the transfer.

9. Patients admitted to the Psychopathic or Alcoholic Wards and requiring surgical treatment shall, for the surgical treatment, be under the charge of the Surgeons of the Division assigned to duty in those wards.

10. If a Visiting Physician or Surgeon be prevented from performing his duty during his term of service he shall procure as a substitute to attend in his stead one of the Visiting Physicians or Surgeons, or Assistant Visiting Physicians or Surgeons respectively, attached to his own Division.

11. In case a Visiting Physician on duty shall require surgical advice or assistance, he shall first call upon the Visiting Surgeon on duty attached to his own Division; if he be not available, he shall then call upon any of the Visiting Surgeons on duty. In case a Visiting Surgeon on duty shall require medical advice or assistance, he shall first call upon the Visiting Physician on duty attached to his own Division; if he be not available, he shall then call upon any of the Visiting Physicians on duty. No member of the Medical Staff of Bellevue Hospital shall be privileged to invite any physician or surgeon not connected with the Hospital to perform any medical or surgical service in the Hospital without in each instance having obtained upon approval of the Executive Committee the special permission of the Board of Trustees.

12. The Visiting Physicians and Surgeons may give instruction in connection with operations and prescriptions, or by clinical lectures to students admitted to see the practice of the Hospital; due notice shall be given of the time and period of such instruction. In the giving of such lectures or clinical instruction there shall be no conflict in the use of the large or small operating rooms with the schedules announced upon the bulletin board of the Hospital by the Executive Committee.

13. Members of the Visiting Staff may recommend to the Superintendent patients for admission to the Hospital who shall be designated as their special patients. Members of the Visiting Staff at the expiration of their period of duty, with the consent of their successors in charge of the service, may retain certain patients as their special patients. No member of the Visiting Staff not assigned to duty shall have under his charge at any one time more than three special patients except by special permission of the Executive Committee. Members of the Visiting Staff not assigned to duty shall so arrange their visits to their special patients and their demands upon the services of members of the House Staff as not to conflict with the conduct of the service as directed by the interested Visiting Physician or Surgeon on duty.

14. Each Visiting Surgeon, Gynecologist and Genito-Urinary Surgeon on duty shall direct his House Surgeon to announce upon the bulletin board of the Hospital all important surgical operations. Said



announcements shall be considered invitations to all members of the Medical Staff to attend the operations. At all such operations advantageous seats shall be reserved for the members of the Consulting and Visiting Staffs.

15. No surgical operation shall be undertaken without the consent of the patient concerned, if the patient is in a mental condition capable of giving or refusing consent. If under such circumstances the patient refuses consent, and in the opinion of the Visiting Surgeon such operation is absolutely necessary for the patient's safety, the patient may by the direction of the Visiting Surgeon be discharged from the Hospital for the stated reason of refusal to have the operation performed.

16. In case the patient concerned is not in a mental condition capable to give or refuse consent to a surgical operation, then if the safety of the patient admits of the delay, an attempt shall be made to obtain the consent of the relatives or friends of the patient. If, however, in the judgment of the Visiting Surgeon, the necessity for operating is urgent, he shall not delay, but proceed to perform the operation.

17. The Visiting Surgeons who have a continuous service in the Gynecological or Genito-Urinary Services shall visit their wards every day. In case of absence, their duties shall be performed by the respective Assistant Visiting Gynecologists or Assistant Visiting Genito-Urinary Surgeons of their own Divisions.

18. The member of the Visiting Staff on duty, or his Substitute, shall report to the Executive Committee any failure to comply with the rules of the Hospital relating to the performance of post-mortem examinations or the examination of pathological specimens.

19. The Visiting Physicians and Surgeons on duty or their Substitutes shall at each visit to the Hospital enter their names in the Register kept for that purpose.

## THE ASSISTANT VISITING PHYSICIANS AND SURGEONS.

1. The Assistant Visiting Physicians, Surgeons, Gynecologists and Genito-Urinary Surgeons shall, when so required, serve as Substitutes for their own respective Visiting Physicians, Surgeons, Gynecologists and Genito-Urinary Surgeons. They shall also serve in a subordinate

capacity in attending to hospital duties when so requested by the Visiting Physician or Surgeon on duty, or when so assigned by the Divisional Visiting Staff to which they are attached.

2. No member of the Assistant Visiting Staff or Adjunct Assistant Visiting Staff, shall have the privilege of individually publishing any of the clinical records of the Hospital except with the written consent of the member of the Visiting Staff who was on duty and in charge of the patient who was the subject of the clinical record. In case the member of the Visiting Staff who had charge of the patient who was the subject of the clinical record is no longer attached to the service of the Hospital, then written consent must first be obtained, before publication, from the member of the Executive Committee of the interested Division.

## THE ADJUNCT ASSISTANT VISITING PHYSICIANS AND SURGEONS.

1. The Adjunct Assistant Visiting Physicians, Surgeons and Gynecologists shall in the absence of their respective Assistant Visiting Physicians, Surgeons and Gynecologists, or when so required by the Divisional Visiting Staffs to which they are attached, serve as Assistant Visiting Physicians, Surgeons or Gynecologists respectively. The Adjunct Assistant Visiting Physicians, Surgeons and Gynecologists, when serving as Assistant Visiting Physicians, Surgeons and Gynecologists, shall be subject to all the rules of Bellevue Hospital governing Assistant Visiting Physicians, Surgeons and Gynecologists.

2. The Adjunct Assistant Visiting Physicians, Surgeons and Gynecologists shall also serve in a supervising capacity as Physicians, Surgeons and Gynecologists of the Out-Patient Department of Bellevue Hospital for the Divisions to which they are respectively attached. In their service in the Out-Patient Department they shall be subject to the rules governing that Department and shall be directly responsible to the Executive Committee for the efficient and faithful carrying out of the rules.

3. The Adjunct Assistant Visiting Physicians, Surgeons and

Gynecologists shall attend and take charge of the Out-Patient Department Classes assigned to them on the days and hours announced upon the Out-Patient Department Schedule by the Executive Committee.

4. The Adjunct Assistant Visiting Physicians, Surgeons and Gynecologists shall register in a book kept for that purpose at each visit to the Out-Patient Department the time of entering upon and leaving duty.

5. The Adjunct Assistant Visiting Physicians, Surgeons and Gynecologists shall cause to be kept by their subordinates the Medical Records of the Out-Patient Department according to the requirements of the Executive Committee.

#### THE COMMITTEE ON CLINICAL RECORDS.

1. The Committee on Clinical Records shall be under the immediate authority and control of the Executive Committee; it shall have supervision and charge over all matters relating to the clinical records of the Hospital.

2. The Committee on Clinical Records shall meet regularly once a month.

3. The Committee on Clinical Records shall assign in turn one of its members who shall exercise a supervision and control over the keeping of the clinical records on all the Divisions of the Hospital, and their preservation according to the plan and rules prescribed by the Executive Committee.

4. The Committee on Clinical Records shall once a month, through its member on supervising duty, report to the Executive Committee the condition of the clinical records of the Hospital, and make such recommendations as will tend to improve the value of the records.

5. The Committee on Clinical Records shall compile from the clinical records tabulated monthly, quarterly and annual reports for transmission through the Medical Board to the Board of Trustees.



6. No member of the Committee on Clinical Records shall utilize the clinical records for publication.

7. The Committee on Clinical Records shall have under its supervision the Photographic Department, and shall report to the Executive Committee as occasion may require suggestions and recommendations that will tend to promote its efficiency.



